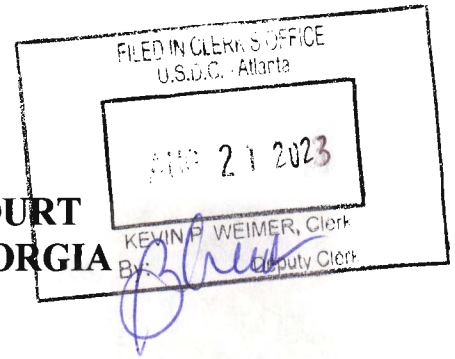


**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**



GEORGE BALDWIN HUTCHINSON JR.

[Plaintiff/ π]

G. Baldwin: House of Hutchinson:man
Claimant

-

THE UNITED STATES [Defendant / Δ]
et'al People in Key Roles of Offices of
Director and Chief Counsel of Defense
Finance and Accounting Service (DFAS)
:(Current) AUDREY Y. DAVIS, (Former)
Teresa (Terri) McKay and (Current) Dwight
D. Creasy Director and Chief Counsel
of DFAS (IRS) Berket Araia et al
see Parties etc.

(Wrongdoers)[Defendant / Δ]

CIVIL ACTION FILE
NO. **1:23-CV-3715**

Claimant [Plaintiff/ π] CLAIM-COMPLAINT- INJUNCTION

Claimant [Plaintiff/ π], hereby files and brings this Claim further injunction
and challenge the DFAS/IRS for violations of my SCRA and Constitutional
protections of privileges and rights guidelines and codes, further denial of tort
claim, demonstrating to this Court as follows:

Take further notice the claimant is not an attorney but a 10-time deployed Combatant Veteran with severe PTSD whom protected our liberties and these rules whom he now seeks to be made whole by these very same rules of process that failed to protect him. Courts are supposed to be “Friendly” towards military members even more so Combat ones. Boone v. Lightner, 319 U.S. 561, 575, 63 S.Ct. 1223, 1231, 87 L.Ed. 1587. 9 “the Act must be read with an eye friendly to those who dropped their affairs to answer their country's call”.

JURISDICTION

1. This Court has jurisdiction over this action pursuant to 42 U.S.C. §§ 1983 and 1988 and 28 U.S.C. §§ 1331, 1343(a)(3) and (4), and 1357.
2. This Court has jurisdiction to grant declaratory and injunctive relief pursuant to 28 U.S.C. §§ 2201 and 2202.
3. Venue is proper under 28 U.S.C. § 1391(b) because “a majority part of the claim events or omissions giving rise to the claim occurred” in this district.

PARTIES

- i. Claimant [Plaintiff/ π] GEORGE BALDWIN HUTCHINSON JR.
4. [Plaintiff/ π] resides in Douglas County Georgia and submits himself to the jurisdiction of this Court.
5. Defendants: (Current) Director AUDREY Y. DAVIS, (Former) Teresa (Terri) McKay Both in their official Capacities
6. Defendant (Current) Dwight D. Creasy Chief Counsel of DFAS in his Official Capacity

7. Department of the Treasury Internal Revenue Service
8. Defendant Berket Araia Operations Manager AUR/Agent in his Official Capacity
9. Georgia Department of Revenue Service Atlanta Georgia
10. Defendants: State Revenue Commissioners Year 2020 David M. Curry and 2021 Robyn A Crittenden or (Current) Commissioner in their official Capacities
11. Defendant: Director Audits Division Year 2020 Chester Cook or (Current) in his Official Capacity

STATEMENT OF CLAIM

12. This Statement of Facts is hereby submitted by i Claimant [Plaintiff/ π], a former service member of the United States Armed Forces a 10 times deployed Combat Veteran. i Claimant [Plaintiff/ π] has been subjected to a series of severe violations and abuses not only of my constitutional rights and protections but also the SCRA, by the Defense Finance and Accounting Service (DFAS), the North Carolina Child Support Enforcement (NC CSE), and my ex-wife whom i divorced. These actions have resulted in substantial financial, emotional, and psychological harm, exacerbated by i Claimant [Plaintiff/ π]'s condition of Post-Traumatic Stress Disorder (PTSD).

Servicemembers Civil Relief Act (SCRA) Summary

13. The Servicemembers Civil Relief Act (SCRA), formerly known as the Soldiers' and Sailors' Civil Relief Act (SSCRA), is a federal law that provides protections for military members as they enter active duty. It covers issues such as rental agreements, security deposits, prepaid rent, eviction, installment contracts, credit card interest rates, mortgage interest rates, mortgage foreclosure, civil judicial proceedings, automobile leases, life insurance, health insurance and income tax payments.
<https://www.justice.gov/crt/servicemembers-civil-relief-act-summary>

Chronological Events

14. 2009-2013: Active Deployment and Injuries

I Claimant [Plaintiff/ π] was deployed in multiple war zones from 2009 to 2013. During this period, he sustained several injuries and was largely unaware of the actions being taken against him by DFAS, NC CSE, and my ex-wife due to my military commitments and medical treatments (Exhibits 26-28).

15. 2013-2015: Medical Assignments and Discharge

In 2013, i Claimant [Plaintiff/ π] was assigned to the Warrior Transition Battalion at Fort Benning, Georgia, a medical unit connected to a hospital and medical command (Exhibit 13). By 2015, he transitioned to community-based care under the Medical Command at Fort Gordon, Georgia, and was honorably medically retired in August 2019.

16. 2015-2017: Discovery and Initial Legal Steps

After my discharge, i Claimant [Plaintiff/ π] began investigating financial discrepancies that occurred during my deployments. He found that my ex-wife, in collusion with NC CSE, had unilaterally claimed an additional \$40,000, thereby breaching a pre-existing contract between them. During this time, NC CSE also violated multiple rights and protections accorded to him under the Servicemembers Civil Relief Act (SCRA) such as no bond no stay no assignment of attorney absolutely nothing not even the bear minimums that are required, i was not even served in the 2009 action.

17. August 2017: Communication with DFAS

In August 2017, i Claimant [Plaintiff/ π] sent a formal notice to DFAS, outlining the violations against him and seeking to establish an official record (Exhibits 24-28).

18. November 2017: Retaliatory Actions by DFAS

In a retaliatory move, DFAS falsely reported i Claimant [Plaintiff/ π] to the IRS for non-payment of deployment taxes for the year 2015 in November 2017 (Exhibit 22).

Legal Violations and Abuses

19. Breach of Contract: i Claimant [Plaintiff/ π]'s ex-wife acted in bad faith to claim an additional \$40,000 plus, violating a pre-existing contract/agreement

20. SCRA Violations: DFAS and IRS further NC CSE disregarded i Claimant [Plaintiff/ π]'s rights and protections under the SCRA

21. Retaliation and Abuse of Power: DFAS, in collaboration with the IRS, took retaliatory actions against i Claimant [Plaintiff/ π] (Exhibits 21-22, 29-30).

22. **Intentional Emotional Harm:** DFAS knowingly inflicted further emotional distress on a combat veteran suffering from severe PTSD (Exhibits 21-22, 29-30).
23. **Misuse of Tax Regulations:** DFAS knowingly and falsely implicated i Claimant [Plaintiff/ π] not basing their actions on the Armed Forces Tax Guide 2013 Pub #3 ({At 6 a,b,c,d (4) pages} Armed Forces Publication 3 Tax guide 2013: Hospitalization after leaving combat zone cf exhibits 17-20 highlighted., despite my post-combat hospitalization (Exhibits 17-20).

Equitable Tolling Considerations

24. **Veterans' Benefits Act of 2010:** As per 38 U.S.C. § 5301, waivers of SCRA rights are only effective if executed in writing during or after military service
25. **Relevant Case Law:** The Veterans' Benefits Act of 2010, 38 U.S.C. § 5301, provides that any waiver of rights under the SCRA or other federal or state law affecting service members shall be effective only if it is in writing and executed during or after the period of military service.
26. Case law, such as *Menefee v. Deutsche Bank National Trust Co.*, 2013 U.S. Dist. LEXIS 12245 (D. Kan. Jan. 30, 2013), *Gehrke v. Wells Fargo Bank, N.A.*, 2013 U.S. Dist. LEXIS 76083 (D. Nev. May 30, 2013), and *Tran v. Bank of America, N.A.*, 2015 U.S. Dist. LEXIS 67254 (C.D. Cal. May 20, 2015), demonstrates that mental conditions such as PTSD may toll the limitations period for bringing claims under the SCRA.
27. Based on the above, I believe that the limitations period for bringing a claim under the SCRA and the VBA has been tolled due to my PTSD, and that I have therefore not exceeded the applicable statute of limitations. Nonetheless, i have been unable to obtain a satisfactory resolution to my complaint, despite having brought it to the attention of Defendants and other relevant parties

Tort Claim and Denial

- 28.I Claimant [Plaintiff/ π] filed a tort claim against DFAS on February 12, 2023, using form SF-95. This claim was received by:
U.S. Army Claims Service
ATTN: JACS-TCO
4411 Llewellyn Avenue, Suite 5360
Fort George G. Meade, Maryland 20755-5125

29. The claim was subsequently denied for not being timely and lacking merit under the Federal Tort Claims Act (FTCA) 28 USC 1346(b):2671-2680 (Exhibits 31-32).

IRS Lien and Need for Injunction

30. **Exhibits 21-22, 29-30:** These exhibits demonstrate that a lien has been placed by the IRS against i Claimant [Plaintiff/ π]. Given the unjust actions and violations that have led to this financial encumbrance, an immediate injunction is urgently needed to prevent further harm and financial loss to i Claimant [Plaintiff/ π].

31. Request for Injunction

32. In light of the aforementioned injustices and the IRS lien demonstrated in Exhibits 21-22, 29-30, i Claimant [Plaintiff/ π] respectfully requests an immediate injunction to halt any further actions that could result in additional harm or financial loss.

33. The actions of DFAS, And the IRS are not just violations of the law but also represent a gross abuse of power. These actions have caused i Claimant [Plaintiff/ π] significant financial and emotional harm and are a blatant case of retribution and retaliation.

CONCLUSION and RELIEF SOUGHT

34. **Immediate Injunction:** i Claimant [Plaintiff/ π] requests an immediate injunction to halt any further actions by DFAS, and the IRS that could result in additional harm or financial loss. This is particularly urgent given the IRS lien against i Claimant [Plaintiff/ π] as demonstrated in Exhibits 21-22, 29-30.

35. **Accountability and Justice:** i Claimant [Plaintiff/ π] seek accountability for the actions of DFAS, the IRS, who have violated multiple laws and committed abuses of power.

36. **Reversal of IRS Lien:** Given that the lien is a result of unjust actions and violations, i Claimant [Plaintiff/ π] seeks its immediate reversal.

37. **Reversal of Tort Claim Denial:** i Claimant [Plaintiff/ π] seeks a reversal of the denial of the tort claim against DFAS, filed on February 12, 2023, and

subsequently denied under the Federal Tort Claims Act (FTCA) 28 USC 1346(b):2671-2680 (Exhibits 31-32). The denial of the tort claims against DFAS, despite the legal grounds for equitable tolling due to PTSD, further underscores the need for justice and accountability.

38. Equitable Tolling: i Claimant [Plaintiff/ π] contends that the limitations period for i claimants SCRA and Veterans' Benefits Act claims has been tolled due to i claimants PTSD, and therefore, any claims or actions against him that have exceeded this period should be considered null and void.
39. Financial Compensation: i Claimant [Plaintiff/ π] seeks financial compensation for the emotional and financial harm caused by the actions of DFAS and IRS the \$10 million dollar claim should be applied to both department each to divert these types of actions against military personnel and veterans.
40. Administrative Fees: i Claimant [Plaintiff/ π] also seeks compensation for any administrative and or legal fees incurred during this process.
41. Other Remedies: Any other remedies that the court deems just and appropriate in light of the facts and circumstances.
42. This relief is sought to address the significant financial, emotional, and psychological harm that i Claimant [Plaintiff/ π] has suffered due to the actions and abuses of DFAS and the IRS further the Georgia Department of Revenue and to deter this action from further occurring to deployed members in an active duty and Deployments or a war state

. Dated: August 21, 2023 Respectfully submitted,

For GEORGE BALDWIN HUTCHINSON JR
Baldwin:man:beneficiary – House of Hutchinson
Date in time for this effort August 21, 2023
commonlawarbitration@gmail.com
Main 678 653 0237
Main2 404 721 2276

CERTIFICATE OF SERVICE

“i” hereby certify that August 21, 2023, using the CM/ECF system via “i” caused
to be served on all parties via electronic means the foregoing Complaint for
Judgment on the Administrative Record

For GEORGE BALDWIN HUTCHINSON JR
Baldwin:man:beneficiary – House of Hutchinson
Date in time for this effort August 21, 2023



Exhibit 1

Greetings: To the Offices of:

U.S. Army Claims Service

ATTN: JACS-TCO

4411 Llewellyn Avenue, Suite 5360

Fort George G. Meade, Maryland 20755-5125

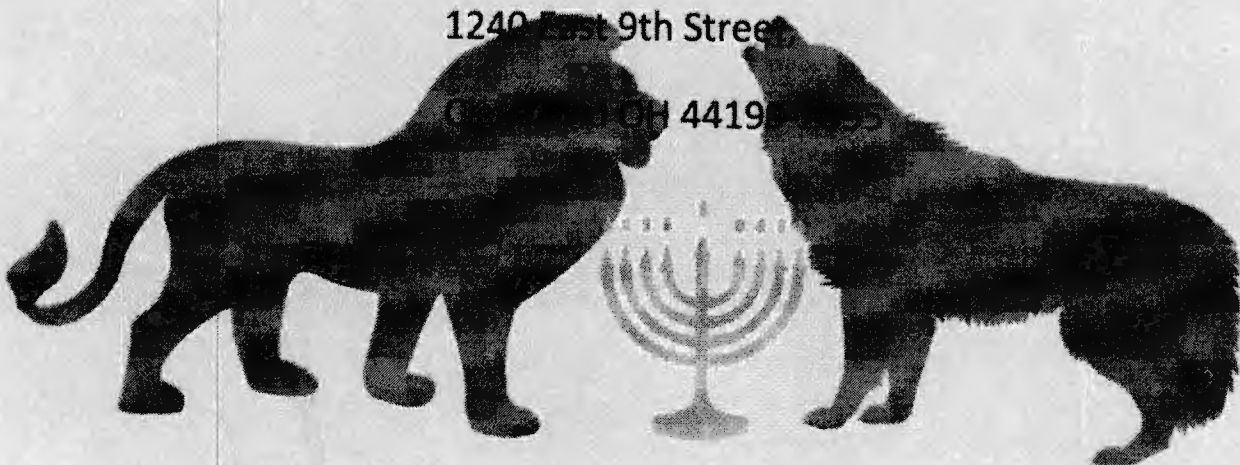
Offices of Director and Chief Counsel of
Defense Finance and Accounting Service

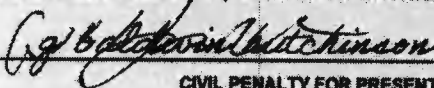
Attention: (Current) AUDREY Y. DAVIS,
(Former) Teresa (Terri) McKay and (Current)
Dwight D. Creasy

Director and Chief Counsel of DFAS

1240 East 9th Street

COLUMBIA OH 44199-5555



| | | | | | |
|--|--|--|---|---|-------------------------------------|
| CLAIM FOR DAMAGE, INJURY, OR DEATH | | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. | | FORM APPROVED OMB NO. 1105-0008 | |
| 1. Submit to Appropriate Federal Agency: Attn: Offices of Director and Chief Counsel of (DFAS) 1240 East 9th Street, Cleveland OH 44199-2055 [Tort Claim] Director (US Army Claims Service Attn JACS-TCO 4411 Llewellyn Ave Ste 5360 Ft George G. Meade Maryland 20755 - 5125} | | | 2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. G. Baldwin Hutchinson (ibri Priest) 0-4 MAJ Retired 678-653-0237 Po Box 1337 Lithia Springs Ga 30122 | | |
| 3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN | | 4. DATE OF BIRTH 03/21/1974 | 5. MARITAL STATUS | 6. DATE AND DAY OF ACCIDENT 08/25/2021 | |
| 7. TIME (A.M. OR P.M.) | | | | | |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). (Intentional emotional distress) of then Current Contracted Serviceman of the Armed forces and former with PTSD further False claims under retaliation further retribution it is clear of attachments | | | | | |
| 9. PROPERTY DAMAGE | | | | | |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). | | | | | |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). (Intentional emotional distress) (False IRS Reporting for Deployment Protections) Malicious conduct towards SM | | | | | |
| 10. PERSONAL INJURY/WRONGFUL DEATH | | | | | |
| STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. (Intentional emotional distress) (False IRS Reporting) Causation unprofessional acts deceptions of trying to get the Former SM in trouble with the IRS from a fraudulent document from NC see attached. Consideration of a document is not Facts of a process. Process for that Document violation many codes Further the SCRA on a Default order while a Service member is Deployed Which you the DFAS should have known. You DFAS assisted in SCRA violations Further Retribution/Retaliation | | | | | |
| 11. WITNESSES | | | | | |
| NAME | | ADDRESS (Number, Street, City, State, and Zip Code) | | | |
| Dwight D. Creasy Chief Counsel Teresa (Terri) McKay (Former) | | DFAS 1240 East 9th Street, Cleveland OH 44199-2055 DFAS 1240 East 9th Street, Cleveland OH 44199-2055 | | | |
| 12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars) | | | | | |
| 12a. PROPERTY DAMAGE 0.00 | | 12b. PERSONAL INJURY 10,014,933 | | 12c. WRONGFUL DEATH 10,014,933 | |
| 12d. TOTAL (Failure to specify may cause forfeiture of your rights). 10,014,933 | | | | | |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM. | | | | | |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  | | | 13b. PHONE NUMBER OF PERSON SIGNING FORM 678-653-0237 | | 14. DATE OF SIGNATURE 02/12/2023 |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729). | | | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.) | | |

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

N/A

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

N/A

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

N/A

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.



Exhibit 4

From the Desk Of

*The House of Hutchinson
Baldwin Hutchinson (Ibri Priest)
Wounded Warrior & Combat Veteran (10x).
C/o Po Box 1337 Lithia Springs Ga 30122
commonlawarbitration@gmail.com
678-653-0237*

Friday, December 30, 2022

For Record: Updated February 12, 2023

Matter at Hand: IRS and Civil Attack, Retaliation, Retributions & Notice of Right to Sue/Claim Jury Demand & Tort Action

Greetings: To the Offices of:

U.S. Army Claims Service
ATTN: JACS-TCO
4411 Llewellyn Avenue, Suite 5360
Fort George G. Meade, Maryland 20755-5125

Offices of Director and Chief Counsel of Defense Finance and Accounting Service
Attention: **(Current)** AUDREY Y. DAVIS, **(Former)** Teresa (Terri) McKay and **(Current)** Dwight D. Creasy
Director and Chief Counsel of DFAS
1240 East 9th Street,
Cleveland OH 44199-2055

Greetings: (BLUF) Bottom Line Up Front

- I. I former Military Field Grade Officer and the time employed **Common Law Rights Advocate** with firsthand knowledge of the events of 9/11 and willingly and bravely served our country here is fairly compensated by the government and a member of the Veterans Affairs system and a warrior for good and professionalism in the military towards Combat Veterans and those who serve themselves in harm's way to protect this country therefore these former (MM) servicemen should be placed in high regard with professionalism especially ones with (MM) and those with service with that being said.

My Disdainment for Deplorable Actions

I the former service member back in August 25 2017 contacted the Cleveland DFAS office by fax informing the Director and Counsel at that time whom still is counsel today as of this writing to inform them of violations against my said person. It was not received well long story short I billed the DFAS and the bill is

Exhibit 5



still counting for placing a fraudulent document against my retirement account when i came in to the full knowledge of the fraud couple of years ago around (2) or a little more. i had to confirm further details of my investigation now i have the full picture you will now have the full picture taking advantage of Combat servicemembers whom have legal disability will not be tolerated nor regular servicemembers these actions of ill repute show your true character of protecting our warfighters that the liberty you current. enjoy are supplied by them show some integrity and back bone and protect us like we did for all of (You). These types of matters/violations **deserve a full investigation and will be reported** for a thorough look on both sides. i will keep this brief the evidence speaks for itself and Jury Trial is the intent for Federal Review of this Challenge now that is out of the way

Firstly: ~~Document 1~~ last two pages is not a Court order of competent jurisdiction It clearly tells you that It is debt collection It also falls up under Title 15 I their very own words that appear on the document (With Holding limits). Child Support by the Supreme court has been held as debt collectors nothing more. There must be a **contract involved in full disclosure in any commerce**. It does not exist with the State of North Carolina nor that County in Carteret County North Carolina in fact it was all fraud primary fraud in the Factum and inducement in the conversion process with or without an attorney. **Fraud is fraud. Period** This Friend of the Court Carteret County Child Support Enforcement A third party intervener in a previous contract knew i was in the military and violated the SCRA Act and so did you guys moreover you knew i was deployed

Secondly: Since this is a federal case it must also be signed by the judge pages its not signed by a Minister/Judge and it is not a Court order. This document from the State of North Carolina the 28 U.S. Code § 1691 - Seal must be in or on every process or writ issued from a court of the United States and must be under the seal of the court and signed by the clerk thereof. (June 25, 1948, ch. 48, § 1691, 60 Stat. 2391) over the Supreme Court of Minnesota functions as such by a (CSOs) child support officers the practice of law as such is unconstitutional by way of separation of powers doctrine cf. *Holmberg v. Holmberg*, 588 N.W.2d 720, 721 (Minn. 1999) below

BLATZ, C.J.

*The instant case is the consolidation of three appeals to the court of appeals challenging the constitutionality of Minnesota's administrative child support process. This appeal presents the issue of whether the administrative process, Minn.Stat. § 518.5511 (1996), ~~violates the separation of powers doctrine~~ **violates the separation of powers doctrine** by creating a tribunal which is not inferior to the district court, and by permitting child support officers to engage in the practice of law. The court of appeals ruled the administrative process unconstitutional, relying on the separation of powers doctrine. We affirm the court of appeals and hold that the administrative process is unconstitutional because it violates separation of powers.*



Holmberg v. Holmberg, 588 N.W.2d 720, 721 (Minn. 1999)

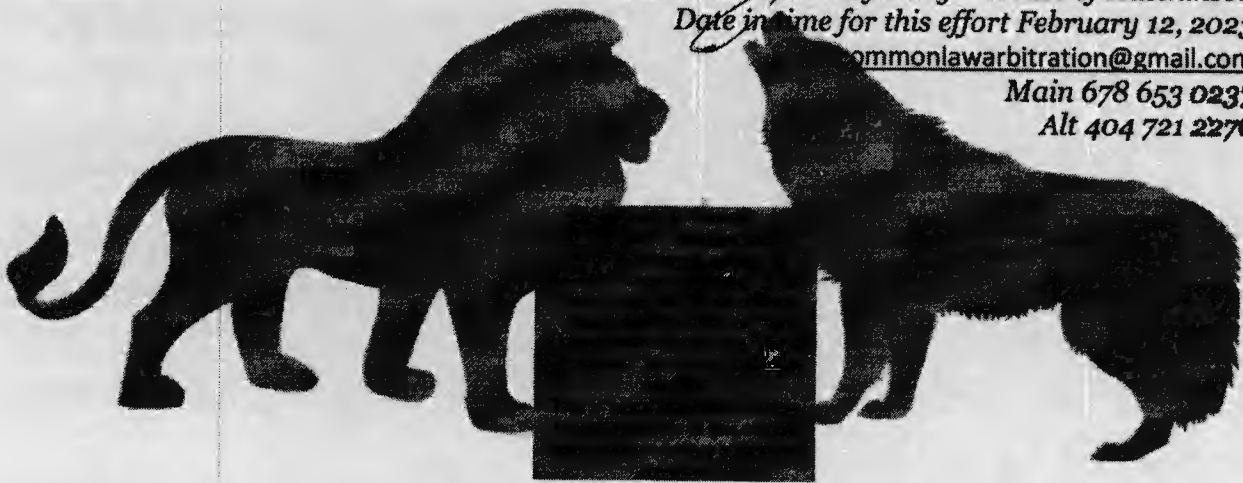
Thirdly: [REDACTED]. For Retribution and retaliation, the 2017 Offices of Director and Chief Counsel of Defense Finance and Accounting Service of August 25 2017 falsely reported me to the IRS for a non-payment of Deployment/taxes for 2015. When in fact you (2017 DFAS Director and Counsel) knew about the Armed Forces **Tax Guide 2013 Pub #3 (At 6 a,b,c,d (4) pages) Armed Forces Publication 3 Tax guide 2013: Hospitalization after leaving combat zone**. I was in medical care after I left the combat zone under hospitalization as cf [REDACTED] will attest but You as DFAS new this and sought intentional emotional Distress to cause a 10 time deployed Combat Veteran more undue harm stress. This Combat Veteran does have Severe PTSD so your injury goes further in to your intent to grossly harm to prove your unsupported point of Retribution/Retaliation.

Fourthly: Timely filing of said Tort because of your ongoing pressed actions against i and my person and have failed to resolve this. The US Supreme Court supports "equitable tolling in fraud cases" *Justice Ginsburg distinguishes the fraud-based discovery rule from equitable tolling. Equitable tolling pauses or "tolls" a statutory limitation period after it has commenced. A litigant qualifies for equitable tolling only if they establish "(1) that he has been pursuing his rights diligently, and (2) that some extraordinary circumstance stood in his way and prevented timely filing."* *Id.* [REDACTED] *Menominee Indian Tribe of Wis. v. United States, 577 U.S. 250* (2006). In contrast, Justice [REDACTED] indicates that the fraud-based discovery rule "the statute of limitations accrues, i.e., the statute of limitations commences to run, when the claimant is aware of fraud, the bar of the statute of limitations does not run until the fraud is discovered." *Id.*, [REDACTED] *Reynolds, 559 U.S. 633* (2000). [REDACTED] The last notice from the IRS in your behalf of Fraud retribution reporting is within the 3-year criterion [REDACTED] year requirement to bring claim of suit. The document 3 intent of offset the further injury of The [REDACTED] conclusion a lien/injury is now on my Person.

Lastly: After reviewing the finds of fact in this case this will be the only offer for settlement to cure correct your false reporting to the IRS and make i the combat veteran whole. Currently on [REDACTED] you (DFAS) received a communication of Cease and Desist via fax on August 25 2017 months later cf last page **attachment (2)** i the injured and claimant received communication from the IRS on 27 November 2017 for delinquent tax for year date 2015 after being on Temporary Retirement (TDRL) due to injuries and PTSD medical process for more than 2 years at this point healing. On [REDACTED] because of your



unprofessional acts you were and now are included in the SCRA violations from North Carolina Default order while I was deployed we believe this portion of recovery will be for the Jury Trial if this is not solved to expose your false moves against combat injured soldiers again you were being charged \$1700 a day until cured you have failed to correct the reporting and have caused PTSD triggering and immense intentional emotional Distress. This is and will be the only current offer for settlement for cure before filing a lawsuit to correct your actions. An apology will be needed as well. As of now from August 25 2017 until this date of writing this text is Feb 12 2023 (1998) daysx1700 = sum \$3,396,600 for false reporting and trespass in addition to immense intentional emotional Distress according to tort there is no cap on this for time appeasement it is 5 years 5 months 19 days @1.2+30d:m a year \$6,618,333 total sum for claim is \$10,014,933 this type of claim I am filing is not just a complaint it is injury but to expose the dirty antics when one challenges the system. Attachment 3 is the offset Attachment 4 false demand for payment

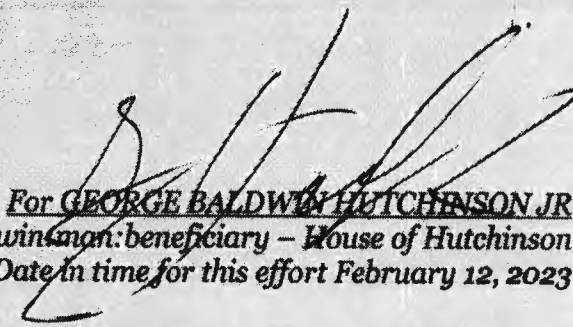


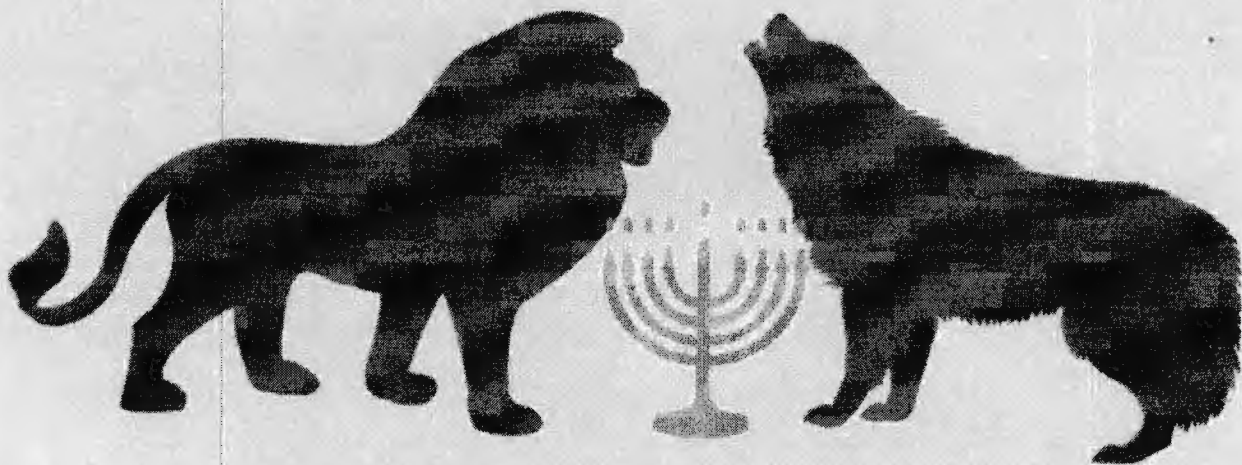
Baldwin
 - For GEORGE BALDWIN HUTCHINSON JR
 Baldwin: man: beneficiary – House of Hutchinson
 Date in time for this effort February 12, 2023
 commonlawarbitration@gmail.com
 Main 678 653 0237
 Alt 404 721 2276



CERTIFICATE OF SERVICE

"i" hereby certify that February 12, 2023, using the manual mail system via registered mail, "i"
caused to be served on all parties via registered mail means.


For GEORGE BALDWIN HUTCHINSON JR
Baldwinman:beneficiary - House of Hutchinson
Date in time for this effort February 12, 2023



To: Berket Araia
 Care of:
 401 W Peachtree St NW
 Atlanta, GA 30308

Attachment 2

Exhibit 9

RE 940 375 814 US

Internal Revenue Operations AUR
 PO BOX 621505
 Atlanta, GA 30362

Final Notice: Harm, Injury and Loss

Berket, greetings:

'I': 'man', without title, write You man to man, as the man acting as Acting IRS Internal Revenue Operations Manager, hereafter referred to as AUR/Agent[Georgia], about an offer to contract with i [me], sent by way of US Mail dated on [January 3rd, 2018]; (See Attached 1) 'I': 'man' am [informing] you man [Berket Araia] are in the middle of a Federal Court of record Claim plus investigation Of trespass Unlawful administration of my property and fraud by way of US Mail. 'I' require compensation for the initial wrong and continual trespass upon my property, for [loss, harm, injury]

'I': 'man', also am aware that you [Berket Araia] received by way of electronic notification from one man, Dwight D. Creasy: one [wo]man Teresa (Terri) McKay [Chief Counsel and Director of ARMY (DFAS) Defense Finance and Accounting Service; Locations: 8899 E 56th St, Indianapolis, IN 46249 and 1240 East 9th Street, Cleveland OH 44199-2055] that taxpayer GEORGE HUTCHINSON filings in 2015 did not pay the proper taxes and or were wrong. [Berket Araia]? Did this man or woman tell you they were sent a [cease and desist] notice for trespass and unlawful administration of 'I': 'man' property? 'I' think not. Weeks after notice of [cease and desist] for trespass you man [Berket Araia] acting as (IRS) Internal Revenue Operations Manager makes yourself known to 'I': 'man'. Now that you know they are using you as a pawn to [commit] [harm, accrued loss injury, (retribution)] to 'I': 'man'.

[Berket Araia] man to man is it your wish to be added to the claim acting on my behalf and be held liable as well for the attempt to administrate my property?

Here is the information to remove you [Berket Araia] from this matter and [discharge] close it to its entirety permanently:

[Start] CPT GEORGE HUTCHINSON [REDACTED] Injured in combat zone, several injuries one attached to establish timeline {Oct 2013 Until July 2015 Medical retirement with ongoing care, medical treatment /incubation Hospitalization}(CF) Medical Statement DA Form 2173 Date Bottom left of form 08 Oct 13.({At 1} Look for asterisk mark* and underline), (CF) Order to Combat zone Kuwait 19 Oct 2012 .({At 2} Look for asterisk mark* and underline), (CF) Order to (Warrior Transition BN) Medial Unit Hospitalization .({At 3} Look for asterisk mark* and circled content), (CF) July 2015 Medical retirement Order .({At 4} Look for asterisk mark* and underlined, circled content), (CF) Warrior Transition BN Medial Unit Hospitalization Explanation ({At 5 a.b (2) pages} Look for asterisk mark* and underline), (CF) Armed Forces Tax Guide 2013 Pub 23 ({At 6 a,b,c,d (4)

pages) (ATTENTION!) Look for Page D or page 10 in your **Armed Forces** Publication 3 Tax guide 2013 provided) Read: **Hospitalization after leaving combat zone and** Example. [Stop] Matter Closed.

Exhibit 10

Now ask yourself Why did the (one man, Dwight D. Creasy: one [wo]man Teresa (Terri) McKay, [Chief Counsel and Director of ARMY (DFAS) Defense Finance and Accounting Service] not send this information to you?

Continued Final Notice:

To establish, for and on the record, that i am living man, the blood flows; the flesh lives;

- i do not consent to being surety for this matter (Attached 7a,7b);
- Your (CF) [Notice of Deficiency #CP3219A and Berket Araia Operations Manager, AUR/Agent] Offer (CF) (Attached 7a,7b) is not accepted;
- This (Attached 7a,7b), appears to be an attempt to defraud by way of US Mail, as there is no signature on said offer(CF) (Attached 7a,7b);
- Your [Berket, AUR] office has claimed i am GEORGE HUTCHINSON, and that GEORGE HUTCHINSON has a debt, and You have done this without a signature, which i am sure is just an oversight; i require the claiming party's signature, so i know who will indemnify i for further damage from unlawful administration 'actions'.
- i require You [Berket] provide i [me] a verified Bill for this debt that You [Berket] believe i owe, that You [Berket] claim is true;
- If You [Berket, AUR] do not provide the aforementioned within 10 days from the date of this letter, and continue to send unverified claims through the US Mail, this will cause 'i': 'man' harm and loss. 'i' require compensation for the initial wrong and continual trespass upon my property

'i': 'man', say here and will verify in open court that all herein be true; so help me God.



George-man Aggrieved
All Rights Reserved
c/o 2727 Skyview Dr #1337,
Lithia Springs [Non-domestic],
Georgia, near [30122].

| STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS | | | |
|---|---|---|-------------------------------------|
| For use of this form, see AR 600-8-4, the proponent agency is DCS, 12-1 | | | |
| THRU: (Include ZIP Code) | | TO: (Include ZIP Code) | |
| JRC-WMSE PATIENT ADM DIVISION, BLDG 5631 BALTIMORE ST. FT DIX, NJ 08640 | | HUMAN RESOURCE MILITARY BLDG 5418 SOUTH SCOTT PLAZA FT. DIX, NJ 08640 | |
| FROM: (Include ZIP Code) | | JRC-WMSE PATIENT ADM DIVISION, BLDG 5631 BALTIMORE ST. FT DIX, NJ 08640 | |
| 1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) | | 2. SSN | 3. GRADE |
| HUTCHINSON, GEORGE B. | | 8489 | O-3 |
| 4. ORGANIZATION AND STATION | | 5. ACCIDENT INFORMATION | |
| 3RD ARMY SHAW AFB, SC | | a. DATE | b. PLACE (City and State) |
| | | JUL 2013 | CAMP BUEHRING, KUWAIT |
| SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR | | | |
| 6. INDIVIDUAL WAS <input checked="" type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL | | 7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY | |
| TMC CON (1-2-4) | | | |
| 8. HOUR AND DATE ADMITTED | | 9. HOUR AND DATE EXAMINED | |
| | | 01 OCT 2013 @ 1319 EDT | |
| 10. NATURE AND EXTENT OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain) | | | |
| INTERNAL DERANGEMENT OF KNEE (BILATERAL) | | | |
| 11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify): | | | |
| b. INDIVIDUAL <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). | | | |
| c. INJURY <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. | | | |
| d. INJURY <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION: | | | |
| 11 A, B, C, D. PENDING FURTHER INVESTIGATION IF NECESSARY. | | | |
| 12. THE FOLLOWING DISABILITY MAY RESULT | | 13. BLOOD ALCOHOL TEST MADE | 14. NO. OF MG ALCOHOL/100 ML BLOOD |
| <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 15. DETAILS OF ACCIDENT OR HISTORY (If disease, how, where, when) | | | |
| SM states that in July 2013, while working out at the GYM at Camp Buehring in Kuwait, he felt a snap in his knees while going up and down the stairs with 150lbs in his hands. SM states that has been having severe pain since then on both knees. | | | |
| 16. DATE | 17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR | | 18. SIGNATURE |
| 05 OCT 2013 | SGT GARCIA, DIANA C. / PAD | | GARCIA DIANA CAROLINA / [Signature] |
| SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER | | | |
| 19. DUTY STATION | | 20. HOUR AND DATE OF ABSENCE | |
| <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ON FAS <input type="checkbox"/> ON LEAVE | | a. FROM b. TO | |
| 21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30) (Type of duty missed, hours of duty, and how it did or did not interfere with performance) | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 22. INDIVIDUAL WAS ON | | 23. HOUR AND DATE TRAINING | |
| <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING | | a. BEGAN b. ENDED | |
| 24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING | | | |
| 25. MODE OF TRANSPORTATION | 26. HOUR BEGINNING TRAVEL | 27. DISTANCE INVOLVED | 28. NORMAL TIME FOR TRAVEL |
| | | | |
| 29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY | | | |
| 30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary) | | | |
| | | | |
| 31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 33. DATE | 34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER | | 35. SIGNATURE |
| 08 OCT 13 | SAMUEL N. RODRIGUEZ LTC, FA | | [Signature] |

A 2 #

DEPARTMENT OF THE ARMY
HEADQUARTERS, ARMY SUPPORT ACTIVITY
FORT DIX
5418 SOUTH SCOTT PLAZA
FORT DIX, NEW JERSEY 08640-5600

Exhibit 12

ORDERS: DX-293-0001

19 October 2012

HUTCHINSON, GEORGE BALDWIN [REDACTED] 3489 CPT W7UD USAR AUG 3D ARMY DET 44 (W7UD2A)

You are deployed in a Temporary Change of Station (TCS) status as shown below and are to return to your permanent station upon completion of your tour in support of this operation. You will submit a reviewed travel voucher for this travel to the finance office within 5 working days after return to home station.

Assigned to: W7UD USAR AUG 3D ARMY DET 44 (W7UD2A)

Purpose: Deployment will be in support of **OPERATION ENDURING FREEDOM** ARIJAN, KOWAIT X

Number of days: Not to exceed 350 days

Will proceed on or about: 19 October 2012

Security Clearance: TOP SECRET WITH SENSITIVE COMPARTMENTED INFORMATION, SINGLE SCOPE BACKGROUND INVESTIGATION 01 October 2010

Accounting classification: 21 3 2020.0000 0B1 RUTC 12101220FLM Z1T1A21T2 2EAVC HUTA489T205007 AZVC2E 012161

Funds are available upon the U.S. Congress Enacting FY13 Defense Appropriation. Funding is authorized only for the fiscal year indicated on this order. Amendments will be required for subsequent fiscal years. Soldiers and authorized Army officials must sign into <https://mobcop.army.mil/DAMPSCTCS> to retrieve copies of orders/amendments.

SDN: HUTA489T205007

Customer Identification Code (CIC): 2320B1AZVC12161

Movement designator code: EMO3

Will Proceed Through: N/A

Demo Station: JB McGuire-Dix-Lakehurst

Additional Instructions:

Soldier will deploy with authorized military weapon and weapons carrying case.

Weapon: M4

FIN: 1120C051265

- This a Temporary Change of Station (TCS). Soldiers will be attached to TCS duty stations. Normal BCS entitlements, allowances, and relocation of family members are not authorized. Consolidated Personnel Policy Guidance (PPG) for Operations Iraqi Freedom and Enduring Freedom is found on the BCS, G-1 web site <http://www.army.mil/army.mil/militarypersonnel/policy.asp>
- Soldiers must secure a reservation for the COMUS replacement center (CRC) in order to attend the mandatory training en route to the CENTCOM AOR if applicable. Commands will call Army Travelers Assistance Center (ATAC) at 1-800-562-5552 or send an email to atac@army.mil. CBA authorized for TCS CONUS Travel (VARIATION NOT AUTHORIZED). All transportation to/from the CENTCOM AOR is funded by ARCENT. Commercial air is not authorized to/from the CENTCOM AOR without prior approval or authority of the ARCENT CDR. The IMCOM LOA above must not be used to fund any transportation to/from the CENTCOM AOR. Use of IMCOM OGO TCS funds for commercial transportation is not authorized for travel to/from the AOR under any circumstance. The Line of Accounting (LOA) contained on this order may be used to procure commercial transportation between the Home of Record (HOR) Home Station (HS) and Mobilization Station (MS) for Individual Reserve Component (IRC) Soldiers, but not for unit/group transportation (chartered air/bus). Army Materiel Command (AMC) is the executive agent for unit/group transportation between HQH, HS and MS.
- Temporary storage at HHG authorized as provided by paragraph U4710A-A of the JETP, but may impact on your BAR authorization. Contact your local transportation office for assistance. For BAR questions, please contact your supporting finance office.
- Travel by POV is authorized if duty is in CONUS as not advantageous to the government; cost of transportation is limited to Official Directed Mode; reimbursement is limited to the government cost of transportation. POV storage may be authorized, contact the local Installation Transportation Office (ITO) for assistance.
- Soldiers are authorized shipment of 4 checked bags - one personal bag and two issued bags of 50lb (not to exceed 40 lbs/bag) and 1 standard carry-on bag on AMC contracted flights. When AMC or contracted transportation is not available, Soldiers are authorized 4 checked bags weighing more than 50lbs to a max of 70lbs per bag authorized in excess baggage.
- Temporary Duty (TDY) Household Goods (HHG) Weight allowance is authorized for CONUS and OCONUS based personnel that are on active duty for a period greater than 200 days, excluding those areas designated as Hostile Fire/Immediate Danger Pay areas.
- You will bring only those items specified by the PPG or other appropriate authority. A list of those items will be provided by the servicing personnel service center/company.

Page 1

This is an official order generated in DAMPS-OCOTCS.

AT3#

Exhibit 13

DEPARTMENT OF THE ARMY
U.S. ARMY RESERVE COMMAND
1600 SPEARHEAD DIVISION AVENUE
FORT RUCK, KY 40122

AMPC-PLM-8
ORDERS A-10-314505

17 OCT 2013

MURKINSON GEORGE SALVIN J
PO BOX 1337
LITKIA SPRG GA 30122 1146

ENDIS

CPT SC 3489
WUOLK

YOU ARE RETAINED ON ACTIVE DUTY UNDER PROVISION OF SECTION 12301 (B), TITLE 10 UNITED STATES CODE FOR THE PERIOD SHOWN BELOW THE TIME NECESSARY TO TRAVEL. YOU WILL PROCEED FROM YOUR HOME OR CURRENT LOCATION IN TIME TO REPORT FOR DUTY ON THE DATE SHOWN BELOW. UPON COMPLETION OF THIS DUTY, UNLESS SOONER RELEASED, YOU WILL RETURN TO YOUR HOME AND UPON ARRIVAL BE RELEASED FROM ACTIVE DUTY.

ACT TO: WT IN HQ W21320 7950 MARTIN LOOP FT BENNING GA 31905

REPORT DATE/TIME: 17 OCT 2013

PERIOD OF ACTIVE DUTY: 60 DAYS

END DATE: 15 DEC 2013

PURPOSE: TO PARTICIPATE IN RESERVE COMPONENT SOLDIER IN TRANSITION MEDICAL RE-ENTRY PROGRAM FOR COMPLETION OF MEDICAL EVALUATION.

ACT TO: WT IN HQ W21320 7950 MARTIN LOOP FT BENNING GA 31905

ADDITIONAL INSTRUCTIONS: SM IS RETAINED ON AD IN DER STATUS TO COMPLETE MED CARE AND TREATMENT IN CURRENT RES AND 10 USC 12322. SM NOT COUNTED AS PART OF THE ACTIVE ARMY END EFFORTS. SM AND WOL ON DER NOT ADVE. USE OF GOVT CARS AND TRUCKS IS DIRECTED; OTHERWISE A STATEMENT OF NON-AVAILABILITY IS REQ. CARS IN TEAM WILL HANDLE AND MONITOR ALL MATTERS IN TRANS. SM WILL REP TO SENDING FINANCE OFFICE AT DUTY LOCATION FOR IN-PROCESSING. PAY STATUS KPT IN DMS-KC A24 TERMS MUST BE 0 (ALPHA). ACCUMULATED LEAVE WHEATED IAN 37 USC 501. NO LEAVE IN SVC. SM CAN CARRY LEAVE OVER WITH NO PENALTY SUBJECT TO THE LIMIT IN 10 USC 701. IF APPLICABLE ALL KPT/THIS DISABILITY PROCESSING MUST BE COMPLETED BEFORE ORDERING EXPIRE. THE DOD INSPECTION LIST 50 SM WILL BE ENTERED INTO PERS PROCESS AT THE EARLIEST DETERMINATION ON BE ORDERED TO RETURN TO FULL-TIME DUTY WITHIN ONE YEAR OF DIAGNOSIS OF MEDICAL CONDITION. SM IS REQ TO COMPLETION OF MED CARE AND PERS. SM WILL BE RELEASED FROM DER STATUS UPON COMPLETION OF NO. THIS NO PERIOD IS LIMITED FROM THE 5-YEAR CUMULATIVE SERV LIMIT ON REEMPLOYMENT RIGHTS ORDER 37 USC 4312 (C) (4) (B). SM IS REQ TO COMPLETE IN FORM 1546-1 AT INSTALLATION AGRIC CTR PRIOR TO RELEASE FROM AD. THE UNEXECUTED PORTION OF THE FOLLOWING ORDER SHOULD BE REPRODUCED BY THE PUBLISHER. ORDER NUMBER, DATE AND MEDICAL RECORDS WILL BE SENT TO DUTY SITE LHM AN 1001-104. SM TO AVOID OF FORDS (LHM AN 1001-104). TRAVEL CLAIMS MUST BE FILED USING DEFENSE TRAVEL SYSTEM (DTS). THIS IS A CONSECUTIVE AND WITH NO BREAK IN SERVICE. SOLDIER RETAINS INCENTIVES FROM PREVIOUS ORDERS. PERS RELATIVE THE TEAM. SM WILL REP DER 1430 HRS 20131022. SM SUPER WOL FROM FT DIX. FT RUCK BENNING GA.

FOR ARMY HRS AUTHORITY: 10 USC 12301 (B), 10 USC 1674 (A) AND 10 USC 12322
ACT CHG: 11 475 2010 0016 01-1100 01A100 11-01122-0000 01201 0370 010000
02120 TRAVELER MUST FILE TRAVEL USING THE DEFENSE TRAVEL SYSTEM (DTS)

SEC: W/A - BOK: SAME AS BOK

SK: M - PTH: W/A

COMP: USAR

HRS GR: CPT

PMOS/AOC: 25A

DDMMYY: 13 SEP 2008

FEED: 10 JAN 1994

ASSTC SR: M

FORM: 162

AMPC
OFFICIAL

JERRY L. WALK
DEPUTY CHIEF OF STAFF FOR
PERSONNEL AND LOGISTICS

DISTRIBUTION: 3 SOLDIER

11 WT IN HQ W21320 7950 MARTIN LOOP FT BENNING GA 31905

13 WT IN HQ W21320 7950 MARTIN LOOP FT BENNING GA 31905

KE 940375 814 25

AT H 4

Exhibit 14

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY CYBER CENTER OF EXCELLENCE
AND FORT GORDON
307 CHAMBERLAIN AVENUE
FORT GORDON, GEORGIA 30905-5735

ORDERS 125-0907

05 May 2015

1. HUTCHINSON, GEORGE BALDWIN JR [REDACTED] 6489 CPT CC CO A FT GORDON WARR,
(W30601), FORT GORDON, GA 30905

You are reassigned as shown for separation processing.

Assigned to: FORT GORDON TC (W00501), FORT GORDON GA 30905-5020

Reporting date: 15 July 2015

Retirement/Separation date: 15 July 2015

Additional instructions: a. IMMEDIATELY UPON RECEIPT OF THESE ORDERS YOU MUST REVIEW THE WORKING COPY OF DD FORM 214. b. A monthly Pre-Retirement Briefing is conducted on the 1st Tuesday of each month at 1245 hours at Darling Hall (Bldg 33720) Room 186, the Survivor Benefit Program Briefing is conducted on the 1st Wednesday of each month at 1230 hours, Room 237, Darling Hall (Building 33720). SOLDIERS MUST ATTEND THE PRE-RETIREMENT BRIEFING AND THE SURVIVOR BENEFIT PROGRAM BRIEFING. CALL (706) 791-1950 TO HAVE NAME PLACED ON THE BRIEFING LIST. c. Travel for separation from active duty will be billed to the Centrally Billed Account (CBA).

FOR ARMY USE

Auth: AR 600-8-24

ROM: LITHIA SPRINGS GA US

Place: HAD BY ORD: SHAW AIR FORCE BASE SC US

MDC: 7805

SPD: SRS

Comp: RESERVE

FOR ADDITIONAL INFORMATION CONTACT:

Leon Lewis leon.c.lewis2.ctr@mail.mil (706) 791-4745

SDM: 6078489PH50907

Exmat: 430

2. HUTCHINSON, GEORGE BALDWIN JR [REDACTED] 6489 CPT CC CO A FT GORDON WARR,
(W30601), FORT GORDON, GA 30905

You are released from assignment and duty because of physical disability incurred while entitled to basic pay and under conditions that permit your placement on the Temporary Disability Retired List. The people of the United States express their thanks and gratitude for your faithful service. Your contributions to the defense of the United States of America are greatly appreciated. On date placed on the retired list, you are transferred to the United States Army Reserve Control Group (Retired), United States Army Human Resources Command, Fort Knox, Kentucky 40121-8500.

Effective date of retirement: 15 July 2015

Date placed on retirement list: 15 July 2015

Authorized place of retirement: FORT GORDON TC (W00501), FORT GORDON GA 30905-5020

Requested place of retirement: FORT GORDON TC (W00501), FORT GORDON GA 30905-5020

Retired grade/Date of rank: CPT/15 September 2006

Prior grade/Date of rank: 1LT/12 March 2006

KE 4405 10 01421

Exhibit 15 1/2

19/2018

WTS



MARTIN ARMY COMMUNITY HOSPITAL

Warrior Transition Battalion

Mission and Vision

ATSA # 2 pages

Mission

- Provide all Warriors In Transition the best possible care from reception through disposition, whether return to duty or separation from Service.
- Provide a single Chain of Command to the Soldier and Family members throughout the care process.
- Provide knowledgeable and caring Chain of Command capable and committed to treating our soldiers and their Families with honor and respect.

Vision

Provide the commensurate quality of life, quality of healthcare services and quality of leadership which matches the quality of service and sacrifice made by our sick, injured and wounded warriors in transition and their families.

The Army is transforming warrior care...

through a commitment to wounded, ill, and injured Soldiers, at home and in battle. The Warrior Transition Battalion at Fort Bragg provides command and control, primary care, and case management for warriors who have suffered injury or illness while serving as a member of the U.S. Army. We ensure the each Service Member receives the appropriate medical care and administrative processing that is needed to return to duty. Return to their units or their community and their Families in a timely manner and with respect.

Battalion Commander's Intent

1/9/2018

WTB

It is my intent to establish a Warrior Transition Battalion that provides quality of care and support to our Warriors in Transition and their families from point of injury, illness or disease to their return to duty or transition from active duty. We will go this by synchronizing the existing care and services available and provide a knowledgeable and caring, tried and tested chain of command capable and committed to treatment on Soldiers and their families with honor and respect.

Means to Achieve our Mission

1. Build Trust & Confidence
2. Build Honor and Respect
3. Restore Health, Strength and Hope

Marine Army Community Hospital WTB FAQ

For more information, click Warrior Transition Command

6600 Van Alden Blvd, Fort Benning, Georgia, 31905



Department of the Treasury
Internal Revenue Service

Publication 3

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Exhibit 17

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4 pages

What's New

Earned income credit. The maximum income you can earn and still claim the earned income credit has increased. You may be able to take the earned income credit if you earned less than \$46,227 (\$51,567 for married filing jointly) if you have three or more qualifying children; \$43,038 (\$48,378 for married filing jointly) if you have two qualifying children; \$37,870 (\$43,210 for married filing jointly) if you have one qualifying child; and \$14,340 (\$19,680 for married filing jointly) if you do not have any qualifying children. See *Earned Income Credit* later under *Credits*.

Standard mileage rate. The standard mileage rate for the cost of operating your car for business use in 2013 is 56.5 cents a mile. The standard mileage rate for operating your car during 2013 to get medical care or to move is 24 cents a mile. The standard mileage rate for charitable use of your vehicle is 14 cents a mile.

Filing status for same-sex married couples. If you have a same-sex spouse whom you legally married in a state (or foreign country) that recognizes same-sex marriage, you and your spouse generally must use the married filing jointly or married filing separately filing status on your 2013 return, even if you and your spouse now live in a state (or foreign country) that does not recognize same-sex marriage. See *Filing Returns* later.

Get forms and other information
faster and easier by
Internet at IRS.gov

Services or reimbursements provided by the government. Do not include in your income the value of moving and storage services provided by the government because of a permanent change of station. Similarly, do not include in income amounts received as a dislocation allowance, temporary lodging expense, temporary lodging allowance, or move-in housing allowance.

Generally, if the total reimbursements or allowances that you receive from the government because of the move are more than your actual moving expenses, the excess is included in your wages on Form W-2. However, if any reimbursements or allowances (other than dislocation, temporary lodging, temporary lodging expense, or move-in housing allowances) exceed the cost of moving and the excess is not included in your wages on Form W-2, the excess still must be included in gross income on Form 1040, line 7.

Use Form 3903 to deduct qualified expenses that exceed your reimbursements and allowances (including dislocation, temporary lodging, temporary lodging expense, or move-in housing allowances that are excluded from gross income).

If you must relocate and your spouse and dependents move to or from a different location, do not include in income reimbursements, allowances, or the value of moving and storage services provided by the government to move you and your spouse and dependents to and from the separate locations.

Do not deduct any expenses for moving services that were provided by the government. Also, do not deduct any expenses that were reimbursed by an allowance you did not include in income.

Deductible Moving Expenses

If you move because of a permanent change of station, you can deduct the reasonable unreimbursed expenses of moving you and members of your household.

You can deduct expenses (if not reimbursed or furnished in kind) for:

- Moving household goods and personal effects, and
- Travel.

Moving household goods and personal effects. You can deduct the expenses of moving your household goods and personal effects, including expenses for hauling a trailer, packing, crating, in-transit storage, and insurance. You cannot deduct expenses for moving furniture or other goods you bought on the way from your old home to your new home.

Storing and insuring household goods and personal effects. You can include only the cost of storing and insuring your household goods and personal effects within any period of 30 consecutive days after the day these goods and effects are moved from your former home and before they are delivered to your new home.

Travel. You can deduct the expenses of traveling (including lodging but not meals) from your old home to your new

home, including car expenses and air fare. You can deduct as car expenses either:

- Your actual out-of-pocket expenses such as gas and oil, or
- The standard mileage rate of 24 cents a mile.

You can add parking fees and tolls to the amount claimed under either method. You cannot deduct any expenses for meals. You cannot deduct the cost of unnecessary side trips or lavish and extravagant lodging.

Member of your household. A member of your household is anyone who has both your former home and your new home as his or her main home. It does not include a tenant or employee unless you can claim that person as a dependent.

Foreign Moves

A foreign move is a move from the United States or its possessions to a foreign country or from one foreign country to another foreign country. A move from a foreign country to the United States or its possessions is not a foreign move.

For a foreign move, the deductible moving expenses described earlier are expanded to include the reasonable expenses of:

- Moving your household goods and personal effects to and from storage, and
- Storing these items for part or all of the time the new job location remains your main job location. The new job location must be outside the United States.

Reporting Moving Expenses

Figure moving expense deductions on Form 3903. Carry the deduction from Form 3903 to Form 1040, line 26. For more information, see Publication 521 and Form 3903.

Combat Zone Exclusion

If you are a member of the U.S. Armed Forces who serves in a combat zone (defined later), you can exclude certain pay from your income. This pay is generally referred to as "combat pay." You do not actually need to show the exclusion on your tax return because income that qualifies for the combat zone exclusion is not included in the wages reported on your Form W-2. (See *Form W-2*, later.)

The month for which you receive the pay must be a month in which you either served in a combat zone or were hospitalized as a result of wounds, diseases, or injury incurred while serving in the combat zone. You do not have to receive the excluded pay while you are in a combat zone, are hospitalized, or in the same year you served in a combat zone.

If you are an enlisted member, warrant officer, or commissioned warrant officer, you can exclude the following amounts from your income. (Other officer personnel are discussed under *Amount of Exclusion*, later.)

- Active duty pay earned in any month you served in a combat zone.
- Imminent danger/hostile fire pay.
- A reenlistment bonus if the voluntary extension or reenlistment occurs in a month you served in a combat zone.
- Pay for accrued leave earned in any month you served in a combat zone. The Department of Defense must determine that the unused leave was earned during that period.
- Pay received for duties as a member of the Armed Forces in clubs, messes, post and station theaters, and other nonappropriated fund activities. The pay must be earned in a month you served in a combat zone.
- Awards for suggestions, inventions, or scientific achievements you are entitled to because of a submission you made in a month you served in a combat zone.
- Student loan repayments. If the entire year of service required to earn the repayment was performed in a combat zone, the entire repayment made because of that year of service is excluded. If only part of that year of service was performed in a combat zone, only part of the repayment qualifies for exclusion. For example, if you served in a combat zone for 5 months, 5/12 of your repayment qualifies for exclusion.

Retirement pay and pensions do not qualify for the combat zone exclusion.

Partial (month) service. If you serve in a combat zone for any part of one or more days during a particular month, you are entitled to an exclusion for that entire month.

Form W-2. The wages shown in box 1 of your 2013 Form W-2 should not include military pay excluded from your income under the combat zone exclusion provisions. If it does, you will need to get a corrected Form W-2 from your finance office.

You cannot exclude as combat pay any wages shown in box 1 of Form W-2.

Combat Zone

The Department of Defense has designated the following areas as combat zones for the purpose of the combat zone exclusion provisions.

Afghanistan area. The area of Afghanistan, including the surrounding waters, that is in direct support of military operations in the Afghanistan combat zone.

Department of Defense for combat zone tax benefits due to their direct support of military operations in the Afghanistan combat zone.

- Djibouti.
- Jordan.
- Kyrgyzstan.
- Pakistan.
- Somalia.
- Syria.
- Tajikistan.
- Uzbekistan.
- Yemen.
- The Philippines.

Note. For the Philippines only, the personnel must be deployed in conjunction with Operation Enduring Freedom supporting military operations in the Afghanistan combat zone.

The Kosovo area. By Executive Order No. 13119, the following locations (including airspace above) were designated as a combat zone beginning March 24, 1999.

- Federal Republic of Yugoslavia (Serbia/Montenegro).
- Albania.
- Kosovo.
- The Adriatic Sea.
- The Ionian Sea—north of the 38th parallel.

Note. The combat zone designation for Montenegro and Kosovo (previously a province within Serbia) under Executive Order 13119 remains in force even though Montenegro and Kosovo became independent nations since EO 13119 was signed.

The following areas are designated as combat zones for the purpose of the combat zone exclusion provisions.

- The Persian Gulf.
- The Red Sea.
- The Gulf of Oman.
- The part of the Arabian Sea that is north of 10 degrees north latitude and west of 68 degrees east longitude.
- The Gulf of Aden.
- The total land areas of Iraq, Saudi Arabia, Oman, Bahrain, Qatar, and the United Arab Emirates.
- Jordan which is in direct support of the Arabian Peninsula.

Serving in a Combat Zone

You are considered to be serving in a combat zone if you are either assigned on official temporary duty to a combat zone or you qualify for hostile fire/imminent danger pay while in a combat zone.

Service in a combat zone includes any periods you are absent from duty because of sickness, wounds, or leave. If, as a result of serving in a combat zone, a person becomes a prisoner of war or is missing in action, that person is considered to be serving in the combat zone so long as he or she keeps that status for military pay purposes.

Example. You are hospitalized for a specific disease in a combat zone where you have been serving for 3 weeks, and the disease for which you are hospitalized has an incubation period of 2 to 4 weeks. The disease is presumed to have been incurred while you were serving in the combat zone. On the other hand, if the incubation period of the disease is 1 year, the disease would not have been incurred while you were serving in the combat zone.

Nonqualifying Presence in Combat Zone

None of the following types of military service qualify as service in a combat zone.

- Presence in a combat zone while on leave from a duty station located outside the combat zone.
- Passage over or through a combat zone during a trip between two points that are outside a combat zone.
- Presence in a combat zone solely for your personal convenience.

Service Outside Combat Zone Considered Service in Combat Zone

Military service outside a combat zone is considered to be performed in a combat zone if:

- The Department of Defense designates that the service is in direct support of military operations in the combat zone, and
- The service qualifies you for special military pay for duty subject to hostile fire or imminent danger.

Military pay received for this service will qualify for the combat zone exclusion if all of the requirements (other than service in a combat zone) are met and the pay is verifiable by reference to military pay records.

Amount of Exclusion

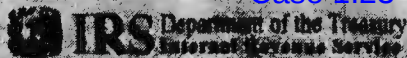
If you are an enlisted member, warrant officer, or commissioned warrant officer and you serve in a combat zone during any part of a month, you can exclude all of your military pay for that month. It should not be included in the wages reported on your Form W-2. You also can exclude military pay earned while you are hospitalized as a result of wounds, disease, or injury incurred in the combat zone. If you are hospitalized, you cannot exclude any military pay received for any month of service that begins more than 2 years after the end of combat activities in the combat zone. Your hospitalization does not have to be in the combat zone.

If you are a commissioned officer (other than a commissioned warrant officer), you can exclude your pay according to the rules just discussed. However, the amount of your exclusion is limited to the highest rate of enlisted pay (plus imminent danger/hostile fire pay you received) for each month during any part of which you served in a combat zone or were hospitalized as a result of your service there.

Alien Status

For tax purposes, an alien is an individual who is not a U.S. citizen. An alien is in one of three categories: resident, nonresident, or dual-status. Placement in the correct category is crucial in determining what income to report and what forms to file.

Under peacetime enlistment rules, you generally cannot enlist in the Armed Forces unless you are a citizen or have been legally admitted to the United States for permanent residence. If you are an alien enlistee in the Armed Forces, you are probably a resident alien. If, under an income tax treaty, you are considered a resident of a foreign country, see your base legal officer. Other aliens who are in the United States only because of military assignments and who have a home outside the United States are nonresident aliens. Guam and Puerto Rico have special rules. Residents of those areas should contact their taxing authority with their questions.



Department of the Treasury
Internal Revenue Service
PO BOX 221505
ATLANTA GA 30362-1505

Exhibit 21

In reply refer to: 0745970008
Jan. 03, 2018 LTR 2626C A2
-8489 201512 30
Input Op: 0745970008 00000740
BODC: NQBD0D

GEORGE HUTCHINSON
PO BOX 1337
LITHIA SPGS GA 30122-1166

03021

Taxpayer identification number: -8489
Tax period: Dec. 31, 2015
Tax form: 1040EZ
700431975

Dear George Hutchinson:

Thank you for your reply dated Oct. 26, 2017, to our inquiry about changes to some items on your tax return.

We received the information you sent following the Notice of Deficiency we mailed you. Please be aware that this letter and our reconsideration based on the information you sent do not extend the time you have to file a petition with the United States Tax Court, if you decide to do so.

We need you to sign the "Consent to Tax Increase" at the end of this letter so we can complete our action on your tax account. Sign the consent statement and send it to us. If you filed a joint return, both you and your spouse must sign the consent.

If you don't agree with our proposed changes, send us a signed statement explaining why you disagree. If you agree with our proposed changes, sign the "Consent to Tax Increase" at the end of this letter. If you filed a joint return, both you and your spouse must sign the consent.

Use the enclosed envelope to send your signed consent or explanation by Jan. 24, 2018. You can also fax your consent or explanation to 877-477-0967. If we don't hear from you within that time, we will continue to process the proposed changes to your tax return based on the information we have now. If you have a balance due, we'll continue to charge interest until you pay the amount you owe in full.

If you have questions or need assistance, call Staff of S Arain between 7:00 AM and 8:00 PM EST at 800-829-8310 or fax us at 877-477-0967.

When you write, include a copy of this letter and provide in the spaces below, your telephone number and the hours we can reach you. Keep this letter for your records.

For EFT/EDI instructions, contact the EFT/EDI office at the website listed below. **If paying by check, make check payable to:** N.C. Child Support, 0006122586 **Include this Remittance Identifier with payment:** 0006122586 **Send check to:** Centralized Collections PO BOX 900012 Raleigh NC 27675-9012

FIPS code (if necessary): 3700000

Signature (if required by State or Tribal law)

Print Name: SMITH CAROL

Title of Issuing Official: CHILD SUPPORT AGENT II

☒ If checked, you are required to provide a copy of this form to the employee/obligor. If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy must be provided to the employee/obligor even if the box is not checked.

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

State-specific information may be viewed on the OCSE Employer Services website located at:
<http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm>

Priority: Withholding for support has priority over any other legal process under State law (or Tribal law if applicable) against the same income. If a Federal tax levy is in effect, please notify the contact person listed below.

Combining Payments: You may combine withheld amounts from more than one employee/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.

Employee/Obligor with Multiple Support Withholdings: If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to federal, State, or Tribal withholding limits, you must follow the State or Tribal law/procedure of the employee/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible, giving priority to current support before payment of any past-due support.

Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. Contact the agency or person listed below to determine if you are required to withhold or if you have any questions about lump sum payments.

Liability: If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State or Tribal law/procedure.

Item 7. Liability of Order/Notice to withhold income for child support

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of a child support withholding. Item 8. Anti-discrimination of Order/Notice to withhold income for child support

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment. Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes, Social Security taxes, statutory pension contributions and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

Exhibit 23

FAX

Attachment 1

FROM

GEORGE BALDWIN HUTCHINSON JR, Estate
Office of the Executor
General Post Office
c/o 2727 Skyview Dr #1337
Lithia Springs, Georgia, near [30122-9998]
[Non-domestic].

Phone 404 287 0395
Fax Number 404 808 9583

TO

Offices of Director and Chief Counsel of Defense
Finance and Accounting Service
Attention: Teresa (Terri) McKay and Dwight D. Creasy
DFAS Garnishment Operations-HGA

Phone**Fax Number:** 216-367-3675**DATE** Friday, August 25, 2017**NOTE :** SSN: [REDACTED] 8489

**Regarding: Cease and Desist [Order] and Fraudulent Garnishment and Unauthorized administration
of the GEORGE BALDWIN HUTCHINSON JR, Estate**

Employee/Obligor's Name HUTCHINSON JR GEORGE BALDWIN Case Identifier 0006122586
 Order Identifier 3703199CV000142 Employer's Name DFAS CLEVELAND CENTER DGG/C

Arrears greater than 12 weeks? If the *Order Information* does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers who receive a State order, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State law, you may need to take into consideration the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Additional Information:

EMPLOYEE BIRTH DATE: 1974-03-21

NOTIFICATION OF TERMINATION OF EMPLOYMENT: You must promptly notify the Child Support Enforcement agency and/or the person listed below by returning this form to the correspondence address if:

☐ This person has never worked for this employer.

☐ This person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination date: _____ Last known phone number: _____

Last known home address: _____

Date final payment made to the State Disbursement Unit or Tribal CSE agency: _____

Final payment amount: _____ New employer's name: _____

New employer's address: _____

CONTACT INFORMATION

To employer: If the employer/income withholder has any questions, contact _____ by phone at _____, by fax at _____, by email or website at: _____

Send termination notice and other correspondence to: _____

To employee/obligor: If the employee/obligor has questions, contact SMITH, CAROL by phone at 252-247-1129, by fax 252-247-1822, by email or website at CAROL.J.SMITH@NCMAIL.NET

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

GEORGE BALDWIN HUTCHINSON JR, Estate
Office of the Executor
General Post Office
c/o 2727 Skyview Dr #1337
Lithia Springs, Georgia, near [30122-9998]
[Non-domestic].

night - of twenty-five August two-zero one-seven

RE 931 168 836 US

Offices of Director and Chief Counsel of Defense Finance and Accounting Service
Attention: Teresa (Terri) McKay and Dwight D. Creasy
Director and Chief Counsel of DFAS
1240 East 9th Street,
Cleveland OH 44199-2055

To: Teresa (Terri) McKay and Dwight D. Creasy

From: Executor Office - GEORGE BALDWIN HUTCHINSON JR, Estate

Regarding: Fraudulent Garnishment and Unauthorized administration of the GEORGE BALDWIN
HUTCHINSON JR, Estate
[REDACTED] 8489]

I accept all oaths of offices from all employees of government agencies of which I communicate with.

Enclosed you will find "abandoned" paperwork, INCOME WITHHOLDING FOR SUPPORT, dated July 14, 2009 ; which appears to erroneously "allege" that Carol Smith DHHS Agent, who, by her unwarranted act(s), fraudulently claim authority from this Executor Office to administrate for GEORGE BALDWIN HUTCHINSON JR, Estate. That false claim is hereby, Adjourned.

Also, provide their judicial authority to act in a judicial capacity to issue judicial warrants, orders, anything less is null and void ab initio. These unregistered, non-certified, non-judicial fraudulent "WITHHOLDING FOR SUPPORT ORDER" instruments, which were not properly served, is an action under color of law, an attempt to deprive rights and immunities, denial of due process of law, extortion, and misprision of perjury of oath of office. These Orders and Instruments is hereby Quash.

While I am more then willing to settle any legitimate claim(s), I would expect that alteration of forms, or fabrications of information, to justify an attempt to collect a non existing debt or an allege debt, would be considered an act of treason, malfeasance, or at least incompetence from these agent(s). I do not understand your laws or claims. It is my wish for this to Cease and Desist.

Therefore, you will forthwith return and transmit the specific written delegation of authority to "represent" that authorization to administrate the GEORGE BALDWIN HUTCHINSON JR Estate has been warranted. In addition, provide a certified copy of your oath for the Office of Director. Provide authority for these agent(s) asking for unsubstantiated funds through the Postal System and why you believe it is not in violation of State, Federal, and/or International laws. Anything you may have or think you may have, if not from this executor office, is void nunc pro tunc. In addition provide a detailed list of all bonds, sureties, indemnification, insurance and Court Registry Investment System (CRIS) CUSIP numbers, and full accounting relating in any way to your or any related actor's personal or professional involvement, as referenced above, through the unwarranted presentation of the arrogated paperwork intrusion upon the GEORGE BALDWIN HUTCHINSON JR Estate. Further all matters pertaining to the GEORGE BALDWIN HUTCHINSON JR, Estate Estate will come through this Executors office for approval. Total trespass damages of one-thousand seven hundred dollars per day as of June two-zero zero-nine till the present date.

govern yourself accordingly.

By: Executor

GEORGE BALDWIN HUTCHINSON JR, ESTATE
Office of the Executor,
General Post Office,
c/o 2727 Skyview Dr #1327,
Lithia Springs (Non-domestic),
Georgia, near [30122-9998].

H. Baldwin

from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of a child support withholding. Item 8. Anti-discrimination of Order/Notice to withhold income for child support

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment. Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes, Social Security taxes, statutory pension contributions and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

OMB Expiration Date – 10/31/2010. The OMB Expiration Date has no bearing on the termination date or validity of the income withholding order; it identifies the version of the form currently in use.

- 2 -

1299, 6 L. Ed. 2d 614 (1961); and Alexander v. United States, 787 F. 2d 1349 (9th Cir. 1986).

Additionally, you are asserting a demand for intentional infliction of emotional distress. To establish a claim of intentional infliction of emotional distress, a plaintiff has the burden of establishing that the actions of the defendant were intentional, wanton or recklessly conducted, and that the actions were so terrifying or insulting as to naturally humiliate, embarrass, or frighten the plaintiff. The conduct of the defendant has been characterized as atrocious and utterly intolerable, outrageous, beyond all possible